



CITY OF LISBON HOUSING REHABILITATION PROGRAM **APPLICATION**

APPLICANT INFORMATION

Applicant Name:		Co-Applicant:	
Number of Years Living in Property:		Number of Years Living in Property:	
Street Address		Street Address	
City, State, Zip		City, State, Zip	
E-MAIL:		E-MAIL:	
Telephone #:		Telephone #:	

HOUSEHOLD INFORMATION

<u>Names of Household Members (incl. Applicant)</u>	<u>Age</u>	<u>Disabled (Y or N)</u>	<u>Racial/Ethnic (see below)</u>	<u>Gender (M or F)</u>	<u>Name of: Employer or School</u>

1 – White (non-Hispanic) 2 – Black (non-Hispanic) 3 – Native American 4 – Asian/Pacific Islander 5 – Hispanic (all races)

MORTGAGE & INSURANCE INFORMATION

Check method of home purchase: ☐ Bank ☐ Purchased on Contract ☐ Other

Home is paid in full: ☐ Yes ☐ No

If No, payment made to : _____

Address: _____

Homeowners insurance is required. Please provide a copy to ECICOG.

List Name and Address of Insurance Agent: _____

INCOME TAX INFORMATION

Did you file a Federal Income Tax Return last year? ☐ Yes ☐ No, explain: _____

If Yes, please submit a copy of most recent Income Tax Return

Applicant- please include the following:

- _____ Housing Application
- _____ Copy of most recent Income Tax Return
- _____ Copy of Homeowners Insurance

Return Application To:

ECICOG
700 16th Street NE, Suite 301
Cedar Rapids, IA 52402

SIGNATURE PAGE

Last Name: _____

The Applicant certifies that all information in this application, and all information furnished in support of this application, for the purpose of obtaining assistance under the Community Redevelopment Act of 1981, is true and complete to the best of the Applicant's knowledge and belief.

The Applicant further certifies that he/she is the owner of the property described in this application, and that the rehabilitation fund proceeds will be used only for the work and materials necessary to meet rehabilitation or code standards, as applicable. If ECICOG determines that the rehabilitation fund proceeds will not or cannot be used for the purpose described herein, the Applicant agrees that the proceeds shall be returned forthwith, in full, to the ECICOG, for deposit into the Revolving Loan Fund, and acknowledges that, with respect to such proceeds so returned, he/she shall have no further interest, right or claim.

The Applicant covenants and agrees that he/she will comply with all requirements imposed by or pursuant to regulations of the Secretary of Housing and Urban Development effectuating Title VI of the Civil Rights Act of 1964 (78 Stat. 252). The Applicant agrees not to discriminate upon the basis of race, color, creed, sex or national origin in the use or occupancy of the real property rehabilitated with assistance of the community and other parties, public or private.

Verification of any of the information contained in this application may be obtained from any source named herein. Information provided in the application is confidential and will be used solely for the purpose of determining eligibility for the program

Date

Signature of Applicant

Date

Signature of Co-Applicant

PENALTY FOR FALSE OR FRAUDULENT STATEMENT: U.S.C. Title 18, Sec. 1001, provides:
"Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies...or makes any false, fictitious or fraudulent statements or representation, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than five years, or both."

STATEMENT OF CURRENT INCOME AND EXPENSES

Last Name: _____

City: _____

A. NET HOUSEHOLD ASSETS

	Applicant	Co-App.
1. Amount in Savings accounts		
2. 6 Month Average in Checking Accounts		
3. Savings Bonds/stocks, Certificate of Deposit, IRA:		
4. Marketable Securities & Money Market Accounts:		
5. Net Value of Real Estate other than house:		
6. Other:		
NET HOUSEHOLD ASSETS:		

For Office Use
Only

Projected Total
Household Assets:

\$

B. TOTAL HOUSEHOLD MONTHLY INCOME

	Applicant	Co-App.
7. Employment: Gross income, overtime, tips, bonus		
8. Net income from property:		
9. Interest income: (dividends, CDs, savings accounts)		
10. Social Security Income:		
11. Retirement Income:(VA, IPERS, Civil Serv., IRA, etc.)		
12. Welfare Assistance: (designated for shelter or utilities)		
13. Child Support & Alimony:		
14. Regular contributions and gifts (given to you):		
15. Net income from a business:		
16. Unemployment, severance pay, worker's comp:		
TOTAL HOUSEHOLD MONTHLY INCOME:		

Total Household
Yearly Income:

\$

C. MONTHLY ALLOWABLE EXPENSES

	Applicant	Co-App.
17. Mortgage Payment:		
18. Property Taxes, Special Assess. (if separate from 17):		
19. Mortgage Insurance (if separate from 17):		
20. Homeowners Insurance (if separate from 17):		
21. Heat & Utilities:		
22. Child Care:		
TOTAL HOUSEHOLD ALLOWABLE EXPENSES:		

Yearly Allowable
Expenses

\$

D. MONTHLY MEDICAL HOUSEHOLD EXPENSES (only for those 62+ or disabled)

	Applicant	Co-App.
23. Medicaid Premium:		
24. Dental Insurance Premium:		
25. Medical Insurance Premium:		
26. Medicare Premium:		
27. Other:		
TOTAL MONTHLY MEDICAL EXPENSES:		

Yearly Medical
Household Expenses

\$

ANNUAL INCOME VERIFICATION

Applicant: _____

Date: _____

City: _____

List contact name and addresses for verification as applicable:

1. Applicant's employer: _____

2. Co-Applicant's employer: _____

3. Employer of other person
(over 18) living in household: _____

5. Military employer _____

8. Office for Retirement Income:
(IPERS, Civil Service, Pensions,
including Disability Pensions or other
Insurance payments) _____

9. Social Security Income:

Include a copy of one of the following:

Benefit letter, award letter, a SSA-1099,
cost of living adjustment notice, bank
statement or actual benefit check. _____

10. VA Benefits Office _____

11. Public Assistance Office _____

12. Alimony, Child Support,
Maintenance Office _____

Include case number for child support

13. Source of Regular Gifts or Cash
Contributions _____

14. Office for: Unemployment, Workers
Compensation, or Severance _____

15. Child Care provider _____

16. Other (specify) _____

ASSETS VERIFICATION

Applicant:

Date:

City:

List contact name and address for verification as applicable:

1. Checking Accounts

2. Savings Accounts

3. CD's and Money Market Accounts

4. Stocks

5. IRA's

6. Real Estate owned
(other than the house listed on the
Application)

Street Address:

Town & State:

Gross Value:

-Minus Debt:

Net Value of Real Estate:

UTILITIES PROVIDER VERIFICATION

List contact name and address for verification as applicable:

1. Electric Provider

2. Gas Provider

3. City Provider
(water, sewer, garbage)

RELEASE OF INFORMATION

East Central Iowa Council of Governments
700 16th St NE, Suite 301
Cedar Rapids, IA 52402

Applicant: _____

City: _____

To determine eligibility for a Housing Rehabilitation program, the East Central Iowa Council of Governments needs to verify income, assets, and expenses of its applicants. Please provide information to ECICOG's address as shown above.

I/We authorize the persons or offices listed: Annual Income Verification sheet, and Assets Verification sheet, to release the information required by ECICOG, and agree that photocopies of those forms may be used for the purposes stated above. This authorization also includes the release of information regarding utility and mortgage (house) payments.

SS#: _____
(Applicant)

SS#: _____
(Co-Applicant)

(Applicant's Signature)

(Co-Applicant's Signature)

(Date)

(Date)